PUBLIC DISCLOSURE COPY

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning , 2011, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
UNITED NATIONS FOUNDATION, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
1800 MASSACHUSETTS AVENUE, NW | STE 400

City or town, state or country, and ZIP + 4
WASHINGTON, DC 20036

D Employer identification number
58-2368165

E Telephone number
(202) 887-9040

G Gross receipts $ 217,158,520.

F Name and address of principal officer: KATHRYN CALVIN WALTERS
1800 MASSACHUSETTS AVENUE, NW WASHINGTON, DC 20036

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.UNFOUNDATION.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1998 **M** State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THE UNITED NATIONS FOUNDATION SUPPORTS UN CAUSES AND ACTIVITIES. WE ARE AN ADVOCATE FOR THE UN AND A PLATFORM FOR CONNECTING PEOPLE, IDEAS AND RESOURCES TO HELP THE UN SOLVE GLOBAL PROBLEMS.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	14.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13.
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	270.
6	Total number of volunteers (estimate if necessary)	6	14.
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	31,007.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	23,819.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	124,098,656.	189,963,273.
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,565,272.	1,595,738.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,850,592.	1,178,792.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	137,514,520.	192,737,803.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	72,514,564.	86,264,857.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	12,323,078.	15,612,522.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	305,139.	248,482.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 7,439,171.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	22,518,663.	25,166,787.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	107,661,444.	127,292,648.
19	Revenue less expenses. Subtract line 18 from line 12	29,853,076.	65,445,155.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	180,980,264.	237,753,991.
21	Total liabilities (Part X, line 26)	10,388,261.	6,540,826.
22	Net assets or fund balances. Subtract line 21 from line 20	170,592,003.	231,213,165.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date: 8/9/12

▶ RICHARD S. PARNELL
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
TRAVIS PATTON		AUG 0 9 2012		P00369623

Firm's name ▶ PRICEWATERHOUSECOOPERS, LLP — Firm's EIN ▶ 13-4008324

Firm's address ▶ 1301 K STREET NW, STE 800W WASHINGTON, DC 20005-3333 — Phone no. 202-414-1000

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2011)

JSA
1E1010 1.000

Form **8868**

(Rev. January 2012)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (*e-file*). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ▶ ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	UNITED NATIONS FOUNDATION, INC.	☒ 58-2368165
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	1800 MASSACHUSETTS AVENUE NW, SUITE 400	☐
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	WASHINGTON, DC 20036	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ WALTER CORTES

Telephone No. ▶ 202-887-9040 FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . ▶ ☐. If it is for part of the group, check this box . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 20 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☒ calendar year 20 11 or

▶ ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$	N/A
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$	N/A
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$	N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . ▶ ☒
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number, see instructions Employer identification number (EIN) or
	UNITED NATIONS FOUNDATION, INC.	☒ 58-2368165
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	1800 MASSACHUSETTS AVENUE NW, SUITE 400	☐
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	WASHINGTON, DC 20036	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of ▶ WALTER CORTES
Telephone No. ▶ 202-887-9040 FAX No. ▶
• If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . ▶ ☐. If it is for part of the group, check this box . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 20 12.
5 For calendar year 2011, or other tax year beginning _____, 20 ____, and ending _____, 20 ____.
6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
7 State in detail why you need the extension TAXPAYER IS AWAITING INFORMATION FROM THIRD PARTIES WHICH IS NECESSARY TO PREPARE AND COMPLETE AN ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$	N/A
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$	N/A
c	**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$	N/A

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Katrina Walker Title ▶ Tax Manager Date ▶ 7-25-2012

Part III **Statement of Program Service Accomplishments**
Check if Schedule O contains a response to any question in this Part III X

1 Briefly describe the organization's mission:
ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 92,157,718. including grants of $ 77,183,094.) (Revenue $ 0)
ATTACHMENT 2

4b (Code:) (Expenses $ 7,546,585. including grants of $ 4,196,675.) (Revenue $ 0)
ATTACHMENT 3

4c (Code:) (Expenses $ 5,153,739. including grants of $ 3,756,715.) (Revenue $ 0)
UNITED NATIONS STRENGTHENING: THE UN FOUNDATION BUILDS AND IMPLEMENTS PUBLIC-PRIVATE PARTNERSHIPS TO ADDRESS THE WORLD'S MOST PRESSING PROBLEMS, AND ALSO WORKS TO BROADEN SUPPORT FOR THE UNITED NATIONS THROUGH ADVOCACY AND PUBLIC OUTREACH. THE UN FOUNDATION ALSO PROVIDES OPERATIONAL GRANTS FOR UN-RELATED PROGRAMS AND INITIATIVES.

4d Other program services (Describe in Schedule O.) ATTACHMENT 4
(Expenses $ 5,359,440. including grants of $ 1,128,373.) (Revenue $)

4e Total program service expenses ▶ 110,217,482.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	X	
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17	X	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c	X	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 140			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . 2a 270			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . . 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b		

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response to any question in this Part VI X

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a 14		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ ATTACHMENT 5

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ UN FDN., 1800 MASSACHUSETTS AVENUE, NW STE 400 WASHINGTON, DC 20036 202-887-9040

Part VII **Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII X

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ATTACHMENT 6										
(1) RE TURNER CHAIRMAN	5.00	X						0	0	0
(2) HER MAJESTY QUEEN RANIA AL-ABDULLAH DIRECTOR	5.00	X						0	0	0
(3) KOFI ANNAN DIRECTOR	5.00	X						0	0	0
(4) FABIO C. BARBOSA DIRECTOR	5.00	X						0	0	0
(5) GRO HARLEM BRUNDTLAND DIRECTOR	5.00	X						0	0	0
(6) IGOR S. IVANOV DIRECTOR	5.00	X						0	0	0
(7) N.R. NARAYANA MURTHY DIRECTOR	5.00	X						0	0	0
(8) HISASHI OWADA DIRECTOR	5.00	X						0	0	0
(9) EMMA ROTHSCHILD DIRECTOR	5.00	X						0	0	0
(10) NAFIS SADIK DIRECTOR	5.00	X						0	0	0
(11) ANDREW YOUNG DIRECTOR	5.00	X						0	0	0
(12) YUAN MING DIRECTOR	5.00	X						0	0	0
(13) MUHAMMAD YUNUS DIRECTOR	5.00	X						0	0	0
(14) TIMOTHY E. WIRTH PRESIDENT	34.00	X		X				399,949.	59,762.	24,644.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) RUTHERFORD SEYDEL SECRETARY OF THE BOARD	5.00			X				0	0	0
16) KATHRYN CALVIN WALTERS CEO	34.00			X				283,541.	42,369.	33,257.
17) RICHARD PARNELL CHIEF OPERATING OFFICER	34.00			X				213,425.	31,891.	22,700.
18) BRIAN DETCHON VICE PRESIDENT	40.00					X		233,989.	0	42,325.
19) TAMARA KREININ EXECUTIVE DIRECTOR	40.00					X		219,367.	0	30,672.
20) MELINDA KIMBLE SR. VICE PRESIDENT	40.00					X		224,440.	0	24,308.
21) ELIZABETH MCKEE GORE VICE PRESIDENT	40.00					X		213,978.	0	36,673.
22) SUSAN MEYERS VICE PRESIDENT	40.00					X		211,796.	0	20,532.
1b Sub-total ▶								399,949.	59,762.	24,644.
c Total from continuation sheets to Part VII, Section A ▶								1,600,536.	74,260.	210,467.
d Total (add lines 1b and 1c) ▶								2,000,485.	134,022.	235,111.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 41

		Yes	No
3	Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 7		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 15

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b	196,666.			
	c	Fundraising events	1c				
	d	Related organizations	1d	23,501.			
	e	Government grants (contributions)	1e	9,060,000.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	180,683,106.			
	g	Noncash contributions included in lines 1a-1f: $					
	h	**Total.** Add lines 1a-1f		189,963,273.			
Program Service Revenue			**Business Code**				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f		0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,908,804.		31,007.	1,877,797.
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real / (ii) Personal				
	6a	Gross rents	21,022.				
	b	Less: rental expenses					
	c	Rental income or (loss)	21,022.				
	d	Net rental income or (loss)		21,022.			21,022.
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	24,107,651.				
	b	Less: cost or other basis and sales expenses	24,420,717.				
	c	Gain or (loss)	-313,066.				
	d	Net gain or (loss)		-313,066.			-313,066.
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less: cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	**Business Code**				
	11a	GRANT RECOVERIES AND ADJUSTMENTS	900099	1,158,298.			1,158,298.
	b	FOREIGN EXCHANGE LOSS	900099	-528.			-528.
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d		1,157,770.			
	12	**Total revenue.** See instructions		192,737,803.		31,007.	2,743,523.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	16,942,116.	16,942,116.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	69,322,741.	69,322,741.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	911,151.	410,676.	226,941.	273,534.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	12,308,550.	8,002,089.	1,879,975.	2,426,486.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	467,604.	298,651.	79,740.	89,213.
9 Other employee benefits	1,299,924.	806,461.	250,952.	242,511.
10 Payroll taxes	625,293.	399,436.	96,744.	129,113.
11 Fees for services (non-employees):				
a Management	0			
b Legal	308,491.	121,472.	94,641.	92,378.
c Accounting	183,378.	55,014.	119,195.	9,169.
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	248,482.			248,482.
f Investment management fees	1,258,859.	377,658.	818,258.	62,943.
g Other	13,629,140.	9,481,781.	1,636,624.	2,510,735.
12 Advertising and promotion	104,443.	88,029.	952.	15,462.
13 Office expenses	1,745,401.	765,220.	678,447.	301,734.
14 Information technology	168,880.	72,713.	79,076.	17,091.
15 Royalties	0			
16 Occupancy	2,479,673.	216,948.	2,261,808.	917.
17 Travel	2,963,937.	1,742,088.	463,876.	757,973.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	1,114,679.	814,546.	109,627.	190,506.
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	815,244.	81,524.	733,720.	
23 Insurance	84,238.	16,412.	62,189.	5,637.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COMMUNICATIONS	310,424.	201,907.	43,230.	65,287.
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	127,292,648.	110,217,482.	9,635,995.	7,439,171.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		825.	1	926.
	2	Savings and temporary cash investments		25,641,217.	2	20,028,429.
	3	Pledges and grants receivable, net		41,691,952.	3	85,377,029.
	4	Accounts receivable, net		4,153,305.	4	2,960,235.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		485,863.	9	524,217.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,021,048.			
	b	Less: accumulated depreciation	10b 2,430,615.	2,149,489.	10c	1,590,433.
	11	Investments - publicly traded securities		76,721,034.	11	91,646,363.
	12	Investments - other securities. See Part IV, line 11		30,136,579.	12	35,626,359.
	13	Investments - program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		0	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		180,980,264.	16	237,753,991.
Liabilities	17	Accounts payable and accrued expenses		3,046,148.	17	3,246,028.
	18	Grants payable		6,367,398.	18	2,302,549.
	19	Deferred revenue		974,715.	19	992,249.
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		0	25	0
	26	**Total liabilities.** Add lines 17 through 25		10,388,261.	26	6,540,826.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		108,625,013.	27	117,578,701.
	28	Temporarily restricted net assets		61,966,990.	28	113,634,464.
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		170,592,003.	33	231,213,165.
	34	Total liabilities and net assets/fund balances		180,980,264.	34	237,753,991.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	192,737,803.
2	Total expenses (must equal Part IX, column (A), line 25)	2	127,292,648.
3	Revenue less expenses. Subtract line 2 from line 1	3	65,445,155.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	170,592,003.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-4,823,993.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	231,213,165.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization	**Employer identification number**
UNITED NATIONS FOUNDATION, INC.	58-2368165

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	171,555,175.	108,117,642.	96,965,577.	124,098,656.	189,963,273.	690,700,323.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	171,555,175.	108,117,642.	96,965,577.	124,098,656.	189,963,273.	690,700,323.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						283,191,102.
6 **Public support.** Subtract line 5 from line 4.						407,509,221.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	171,555,175.	108,117,642.	96,965,577.	124,098,656.	189,963,273.	690,700,323.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,239,821.	6,369,238.	2,784,443.	7,972,208.	1,929,298.	25,295,008.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) ATCH. 1		41,482.	5,305,739.	4,880,914.	1,158,298.	11,386,433.
11 **Total support.** Add lines 7 through 10						727,381,764.

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 14 56.02%

15 Public support percentage from 2010 Schedule A, Part II, line 14 . . . . . 15 59.12%

16a **33 1/3% support test - 2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☒

b **33 1/3% support test - 2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2011.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test - 2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organzation meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2007	2008	2009	2010	2011	TOTAL
REIMBURSED EXPENSES		41,482.				41,482.
GRANT RECOVERIES/ADJUSTMENTS			5,207,516.	4,878,914.	1,158,298.	11,244,728.
OTHER INCOME			98,223.	2,000.		100,223.
TOTALS		41,482.	5,305,739.	4,880,914.	1,158,298.	11,386,433.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED NATIONS FOUNDATION, INC.

Employer identification number
58-2368165

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		138,175.		138,175.
b Buildings				
c Leasehold improvements		2,673,434.	1,614,876.	1,058,558.
d Equipment		786,962.	673,497.	113,465.
e Other		422,477.	142,242.	280,235.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,590,433.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	35,626,359.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	35,626,359.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 13.)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶		

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	192,737,803.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	127,292,648.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	65,445,155.
4	Net unrealized gains (losses) on investments	4	-1,481,688.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-3,342,305.
9	Total adjustments (net). Add lines 4 through 8	9	-4,823,993.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	60,621,162.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	191,256,115.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	-1,481,688.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	-1,481,688.
3	Subtract line **2e** from line **1**			3	192,737,803.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	192,737,803.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	127,292,648.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	127,292,648.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	127,292,648.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information *(continued)*

PART X, FIN 48

SCHEDULE D

UNF HAS RECEIVED A RULING FROM THE INTERNAL REVENUE SERVICE THAT IT IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE AS A PUBLIC CHARITY, OTHER THAN UNRELATED BUSINESS INCOME. SINCE UNF HAS NO SIGNIFICANT UNRELATED BUSINESS INCOME, NO PROVISION FOR INCOME TAX HAS BEEN RECORDED.

ON JANUARY 1, 2009, UNF ADOPTED THE PROVISIONS OF ASC TOPIC 740-10-25, "INCOME TAXES RECOGNITION" (ASC TOPIC 740-10-25"). ASC TOPIC 740-10-25 REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A MORE-LIKELY-THAN-NOT THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE IMPLEMENTATION OF ASC TOPIC 740-10-25 HAD NO IMPACT ON UNF'S FINANCIAL STATEMENTS. UNF DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS.

PART IX, LINE 8:

ADJUSTMENT TO PLEDGE RECEIVED: -$3,342,305

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

UNITED NATIONS FOUNDATION, INC.

Employer identification number

58-2368165

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN			GRANTMAKING		272,011.
(2) EAST ASIA AND THE PACIFIC			GRANTMAKING		673,549.
(3) EUROPE			GRANTMAKING		67,157,564.
(4) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		2,231,695.
(5) NORTH AMERICA			GRANTMAKING		1,000.
(6) SOUTH AMERICA			GRANTMAKING		10,000.
(7) SOUTH ASIA			GRANTMAKING		5,097,500.
(8) SUB-SAHARAN AFRICA			GRANTMAKING		6,591,642.
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					82,034,961.
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					82,034,961.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2011

JSA
1E1274 1.000

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	CHLDRN HLTH	10,000.	WIRE		NONE	N/A
(2)			CENT. AMERICA/CARIBBEAN	WMN & POP.	20,000.	WIRE		NONE	N/A
(3)			CENT. AMERICA/CARIBBEAN	WMN & POP.	30,000.	CHECK		NONE	N/A
(4)			CENT. AMERICA/CARIBBEAN	WMN & POP.	50,000.	CHECK		NONE	N/A
(5)			CENT. AMERICA/CARIBBEAN	UN STRNGTHNG	117,011.	WIRE		NONE	N/A
(6)			CENT. AMERICA/CARIBBEAN	WMN & POP.	45,000.	WIRE		NONE	N/A
(7)			EAST ASIA/PACIFIC	CHLDRN HLTH	201,105.	WIRE		NONE	N/A
(8)			EAST ASIA/PACIFIC	ENVIRONMENT	12,444.	WIRE		NONE	N/A
(9)			EAST ASIA/PACIFIC	ENVIRONMENT	10,000.	WIRE		NONE	N/A
(10)			EAST ASIA/PACIFIC	CHLDRN HLTH	450,000.	WIRE		NONE	N/A
(11)			EUROPE/ICELAND/GREENLAND	UN STRNGTHNG	6,140.	WIRE		NONE	N/A
(12)			EUROPE/ICELAND/GREENLAND	CHLDRN HLTH	425,000.	WIRE		NONE	N/A
(13)			EUROPE/ICELAND/GREENLAND	CHLDRN HLTH	8,448,712.	WIRE		NONE	N/A
(14)			EUROPE/ICELAND/GREENLAND	CHLDRN HLTH	898,547.	WIRE		NONE	N/A
(15)			EUROPE/ICELAND/GREENLAND	CHLDRN HLTH	1,590,000.	WIRE		NONE	N/A
(16)			EUROPE/ICELAND/GREENLAND	CHLDRN HLTH	338,944.	WIRE		NONE	N/A

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	ENVIRONMENT	14,000.	CHECK		NONE	N/A
(2)			EUROPE/ICELAND/GREENLAND	ENVIRONMENT	10,008.	WIRE		NONE	N/A
(3)			EUROPE/ICELAND/GREENLAND	PSHR	135,367.	WIRE		NONE	N/A
(4)			EUROPE/ICELAND/GREENLAND	ENVIRONMENT	200,000.	WIRE		NONE	N/A
(5)			EUROPE/ICELAND/GREENLAND	UN STRNGTHNG	450,726.	WIRE		NONE	N/A
(6)			EUROPE/ICELAND/GREENLAND	ENVIRONMENT	75,000.	WIRE		NONE	N/A
(7)			EUROPE/ICELAND/GREENLAND	CHLDRN HLTH	60,000.	WIRE		NONE	N/A
(8)			EUROPE/ICELAND/GREENLAND	CHLDRN HLTH	21,500.	WIRE		NONE	N/A
(9)			EUROPE/ICELAND/GREENLAND	WMN & POP.	12,000.	WIRE		NONE	N/A
(10)			EUROPE/ICELAND/GREENLAND	ENVIRONMENT	200,000.	WIRE		NONE	N/A
(11)			EUROPE/ICELAND/GREENLAND	CHLDRN HLTH	10,790,332.	WIRE		NONE	N/A
(12)			EUROPE/ICELAND/GREENLAND	CHLDRN HLTH	200,000.	WIRE		NONE	N/A
(13)			EUROPE/ICELAND/GREENLAND	CHLDRN HLTH	43,250,000.	WIRE		NONE	N/A
(14)			EUROPE/ICELAND/GREENLAND	UN STRNGTHNG	28,919.	WIRE		NONE	N/A
(15)			MIDDLE EAST/NORTH AFRICA	UN STRNGTHNG	2,000,000.	WIRE		NONE	N/A
(16)			MIDDLE EAST/NORTH AFRICA	UN STRNGTHNG	243,750.	WIRE		NONE	N/A

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶ _____

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH AMERICA	CHLDRN HLTH	10,000.	WIRE		NONE	N/A
(2)			SOUTH ASIA	UN STRNGTHNG	97,500.	WIRE		NONE	N/A
(3)			SOUTH ASIA	CHLDRN HLTH	5,000,000.	WIRE		NONE	N/A
(4)			SUB-SAHARAN AFRICA	CHLDRN HLTH	70,000.	WIRE		NONE	N/A
(5)			SUB-SAHARAN AFRICA	CHLDRN HLTH	100,000.	WIRE		NONE	N/A
(6)			SUB-SAHARAN AFRICA	CHLDRN HLTH	300,000.	WIRE		NONE	N/A
(7)			SUB-SAHARAN AFRICA	CHLDRN HLTH	349,994.	WIRE		NONE	N/A
(8)			SUB-SAHARAN AFRICA	CHLDRN HLTH	450,000.	WIRE		NONE	N/A
(9)			SUB-SAHARAN AFRICA	CHLDRN HLTH	36,405.	WIRE		NONE	N/A
(10)			SUB-SAHARAN AFRICA	CHLDRN HLTH	88,090.	WIRE		NONE	N/A
(11)			SUB-SAHARAN AFRICA	CHLDRN HLTH	788,419.	WIRE		NONE	N/A
(12)			SUB-SAHARAN AFRICA	CHLDRN HLTH	236,547.	WIRE		NONE	N/A
(13)			SUB-SAHARAN AFRICA	CHLDRN HLTH	245,005.	WIRE		NONE	N/A
(14)			SUB-SAHARAN AFRICA	CHLDRN HLTH	1,650,000.	WIRE		NONE	N/A
(15)			SUB-SAHARAN AFRICA	CHLDRN HLTH	347,000.	WIRE		NONE	N/A
(16)			SUB-SAHARAN AFRICA	WMN & POP.	500,000.	WIRE		NONE	N/A

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	UN STRNGTHNG	245,449.	WIRE		NONE	N/A
(2)			SUB-SAHARAN AFRICA	CHLDRN HLTH	50,000.	WIRE		NONE	N/A
(3)			SUB-SAHARAN AFRICA	WMN & POP.	256,515.	WIRE		NONE	N/A
(4)			SUB-SAHARAN AFRICA	CHLDRN HLTH	383,250.	WIRE		NONE	N/A
(5)			SUB-SAHARAN AFRICA	WMN & POP.	269,968.	WIRE		NONE	N/A
(6)			SUB-SAHARAN AFRICA	ENVIRONMENT	200,000.	WIRE		NONE	N/A
(7)			SUB-SAHARAN AFRICA	CHLDRN HLTH	15,000.	CHECK		NONE	N/A
(8)			SUB-SAHARAN AFRICA	WMN & POP.	10,000.	CHECK		NONE	N/A
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 30.

3 Enter total number of other organizations or entities . . . . . ▶ 26.

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	[X] Yes	[ ] No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*	[ ] Yes	[X] No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)*	[ ] Yes	[X] No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	[X] Yes	[ ] No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)*	[ ] Yes	[X] No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)*	[ ] Yes	[X] No

Part V **Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I, LINE 2:

THE UN FOUNDATION PRIMARILY MAKES GRANTS TO THE UNITED NATIONS AND ITS RELATED/AFFILIATED AGENCIES. MONITORING OF FUNDS GRANTED TO THOSE AGENCIES CONSISTS PRIMARILY OF GRANT REPORTS RECEIVED QUARTERLY, SEMIANNUALLY OR ANNUALLY AS STIPULATED IN THE GRANT AGREEMENTS. FROM TIME TO TIME, THE UN FOUNDATION ALSO CONDUCTS SITE VISITS TO MONITOR DISTRIBUTION OF GRANT-RELATED RESOURCES AND ASSESS THE EFFECTIVENESS AND PROGRESS OF GRANT ACTIVITIES.

SCHEDULE F, PART I, LINE 3 & SCHEDULE F, PART II:

THE UN FOUNDATION MAKES GRANTS TO U.S. ORGANIZATIONS FOR FOREIGN PURPOSES. SUCH GRANTS ARE LISTED ON SCHEDULE F AND SCHEDULE I.

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047
2011
Open to Public Inspection

Name of the organization
UNITED NATIONS FOUNDATION, INC.

Employer identification number
58-2368165

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a [X] Mail solicitations
b [X] Internet and email solicitations
c [ ] Phone solicitations
d [X] In-person solicitations
e [X] Solicitation of non-government grants
f [X] Solicitation of government grants
g [X] Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [X] Yes [ ] No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1 M & R STRATEGIC SERVICES	DIRECT MAIL FUNDRAISING		X	274,760.	138,432.	136,328.
2 EIDOLON COMMUNICATIONS	INTERNET FUNDRAISING		X	436,800.	110,050.	326,750.
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶				711,560.	248,482.	463,078.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL,AK,AZ,AR,CA,CO,CT,DE,DC,FL,GA,HI,ID,IL,IN,
IA,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO,MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,
OK,OR,PA,RI,SC,SD,TN,TX,UT,VT,VA,WA,WV,WI,WY,

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				( )
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility . . . . . 13a %

b An outside facility . . . . . 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____.

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

PART I, LINE 2:

M & R STRATEGIC SERVICES

2120 L STREET NW

#600

WASHINGTON, DC 20037

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____.

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

EIDOLON COMMUNICATIONS

15 MAIDEN LANE

SUITE 1401

NEW YORK, NY 10038

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED NATIONS FOUNDATION, INC.

Employer identification number
58-2368165

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed . . . . . ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ADVOCATES FOR YOUTH 2000 M ST NW STE 750 WASHINGTON, DC 20036	52-1173590	501(C)(3)	100,000.		N/A	NONE	WOMEN & POPULATION
(2) ACADEMY FOR EDUCATIONAL DVLMNT 1825 CT. AV NW WASHINGTON, DC 20009	13-6110212	501(C)(3)	70,000.		N/A	NONE	CHILDREN'S HEALTH
(3) AMERICAN ACADEMY OF PEDIATRICS 141 N.W. PNT BLVD ELK GRV VILGE, IL 60007	36-2275597	501(C)(3)	200,000.		N/A	NONE	CHILDREN'S HEALTH
(4) AMERICANS FOR UNFPA 370 LEXTN. AV STE 702 NEW YORK, NY 10017	13-3996346	501(C)(3)	10,000.		N/A	NONE	WOMEN & POPULATION
(5) AMERICARES 88 HAMILTON AV STAMFORD, CT 06902	06-1008595	501(C)(3)	20,000.		N/A	NONE	WOMEN & POPULATION
(6) BEST SHOT FOUNDATION 700 13TH ST NW WASHINGTON, DC 20005	26-2905182	501(C)(3)	10,000.		N/A	NONE	ENVIRONMENT\ENERGY
(7) BETTER WORLD FUND 1800 MASS AV STE 400 WASHINGTON, DC 20036	58-2366765	501(C)(3)	105,000.		N/A	NONE	WOMEN & POPULATION
(8) BLOOMBERG FINANCE L.P. 731 LEXINGTON AVE NEW YORK, NY 10022			15,000.		N/A	NONE	ENVIRONMENT\ENERGY
(9) CARE, USA 151 ELLIS ST NW ATLANTA, GA 30303	13-1685039	501(C)(3)	175,000.		N/A	NONE	WOMEN & POPULATION
(10) CTR FOR ACCESSIBLE TECHNOLOGY 3075 ADELINE STE 220 BERKELEY, CA 94703	94-2955192	501(C)(3)	30,000.		N/A	NONE	WOMEN & POPULATION
(11) CTR FOR HLTH & GENDR EQUALITY 1317 F ST NW WASHINGTON, DC 20004	31-1794048	501(C)(3)	50,000.		N/A	NONE	WOMEN & POPULATION
(12) CHRISTIAN CONNECT. INTL HLTH 1817 RUPERT ST MCLEAN, VA 22101	54-1932761	501(C)(3)	125,000.		N/A	NONE	WOMEN & POPULATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2011)

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047

2011

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Name of the organization
UNITED NATIONS FOUNDATION, INC.

Employer identification number
58-2368165

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed . . . . . ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CIELO PRODUCTIONS INCORP. 256 WAGON TRAIN DR ANTONITO, CO 81120	20-5617707	501(C)(3)	100,000.		N/A	NONE	UN STRENGTHENING
(2) CLINTON GLOBAL INITIATIVE 610 PRES. CLINTON AV LITTLE ROCK, AR 72201	27-1551550	501(C)(3)	60,000.		N/A	NONE	UN STRENGTHENING
(3) COMM. CONSORTIUM MEDIA CTR 401 9TH ST NW WASHINGTON, DC 20004	52-1524972	501(C)(3)	20,000.		N/A	NONE	WOMEN & POPULATION
(4) COMM. CONSORTIUM MEDIA CTR 401 9TH ST NW WASHINGTON, DC 20004	52-1524972	501(C)(3)	50,000.		N/A	NONE	WOMEN & POPULATION
(5) COMM. CONSORTIUM MEDIA CTR 401 9TH.ST NW WASHINGTON, DC 20004	52-1524972	501(C)(3)	7,500.		N/A	NONE	WOMEN & POPULATION
(6) CONSULT. GRP ON BIO DIVERSITY PO BOX 29361 SAN FRANCISCO, CA 94129	13-3431076	501(C)(3)	10,000.		N/A	NONE	ENVIRONMENT\ENERGY
(7) COUNCIL ON FOUNDATIONS 2121 CRYSTAL DR ARLINGTON, VA 22202	13-6068327	501(C)(3)	24,883.		N/A	NONE	UN STRENGTHENING
(8) FAMILY CARE INTL. 588 BROADWAY, STE 503 NEW YORK, NY 10012	13-3228334	501(C)(3)	50,000.		N/A	NONE	WOMEN & POPULATION
(9) FEMINIST MAJORITY FDN 1600 WILSON BLVD ARLINGTON, VA 22209	54-1426440	501(C)(3)	75,000.		N/A	NONE	WOMEN & POPULATION
(10) FOR THE GREATER GOOD 16000 VENTURA BLVD 600 ENCINO, CA 91436	26-3057543	501(C)(3)	28,753.		N/A	NONE	CHILDREN'S HEALTH
(11) FDN FOR THE GLOBAL COMPACT 801 2ND AVE., 3RD FL NEW YORK, NY 10017	16-1756484	501(C)(3)	10,000.		N/A	NONE	ENVIRONMENT\ENERGY
(12) FNDRS NETWORK ON POP. REPRO HLTH & RGHTS PO BOX 750 ROCKVILLE, MD 20848	52-2098292	501(C)(3)	8,650.		N/A	NONE	WOMEN & POPULATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2011)

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED NATIONS FOUNDATION, INC.

Employer identification number
58-2368165

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed . . . . . ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) GEN BRD OF CRCH & SOC - UNTD METHODIST CRCH 100 MARYLAND AVE NE WASHINGTON, DC 20002	53-0204669	501(C)(3)	145,350.		N/A	NONE	WOMEN & POPULATION
(2) GLOBAL HEALTH COUNCIL 1111 19TH ST NW WASHINGTON, DC 20006	52-1048393	501(C)(3)	50,000.		N/A	NONE	WOMEN & POPULATION
(3) GLOBAL POVERTY PROJECT 147 STANDARD STREET EL SEGUNDO, CA 90245	42-1772557	501(C)(3)	50,000.		N/A	NONE	CHILDREN'S HEALTH
(4) GUTTMACHER INSTITUTE 125 MAIDEN LN 7TH FL NEW YORK, NY 10038	13-2890727	501(C)(3)	20,000.		N/A	NONE	WOMEN & POPULATION
(5) GUTTMACHER INSTITUTE 125 MAIDEN LN 7TH FL NEW YORK, NY 10038	13-2890727	501(C)(3)	150,000.		N/A	NONE	WOMEN & POPULATION
(6) HARVARD SCH OF PUBLIC HLTH 401 PARK DR 3RD FL EAST BOSTON, MA 02215	04-2103580	501(C)(3)	10,000.		N/A	NONE	PSHR
(7) HUMAN RIGHTS WATCH 350 FIFTH AV 34TH FL NEW YORK, NY 10118	13-2875808	501(C)(3)	50,000.		N/A	NONE	PSHR
(8) HUMAN RIGHTS WATCH 350 FIFTH AV 34TH FL NEW YORK, NY 10118	13-2875808	501(C)(3)	17,500.		N/A	NONE	PSHR
(9) INDEPENDENT SECTOR 1602 L ST NW STE 900 WASHINGTON, DC 20036	52-1081024	501(C)(3)	17,500.		N/A	NONE	UN STRENGTHENING
(10) INDEPENDENT SECTOR 1602 L ST NW STE 900 WASHINGTON, DC 20036	52-1081024	501(C)(3)	17,500.		N/A	NONE	UN STRENGTHENING
(11) INTERACTION 1400 16TH ST NW WASHINGTON, DC 20036	13-3287064	501(C)(3)	18,000.		N/A	NONE	UN STRENGTHENING
(12) INTL CONSRVTN CAUCUS FDN 25786 GEORGETOWN STN WASHINGTON, DC 20027	83-0449176	501(C)(3)	10,000.		N/A	NONE	ENVIRONMENT\ENERGY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2011)

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED NATIONS FOUNDATION, INC.

Employer identification number
58-2368165

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed . . . . . ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) INTL WOMENS HLTH COALITION 333 SEVENTH AV 6TH FL NEW YORK, NY 10001	23-7378153	501(C)(3)	10,000.		N/A	NONE	WOMEN & POPULATION
(2) INTL WOMENS HLTH COALITION 333 SEVENTH AV 6TH FL NEW YORK, NY 10001	23-7378153	501(C)(3)	75,000.		N/A	NONE	WOMEN & POPULATION
(3) JOHNS HOPKINS UNIVERSITY 615 N WOLFE ST W4041 BALTIMORE, MD 21205	52-0595110	501(C)(3)	15,000.		N/A	NONE	CHILDREN'S HEALTH
(4) JOHNS HOPKINS UNIVERSITY 615 N WOLFE ST W4041 BALTIMORE, MD 21205	52-0595110	501(C)(3)	10,000.		N/A	NONE	WOMEN & POPULATION
(5) MARIE STOPES INTL 1300 19TH STREET, NW WASHINGTON, DC 20036	54-1901882	501(C)(3)	10,000.		N/A	NONE	WOMEN & POPULATION
(6) MARIE STOPES INTL 1300 19TH STREET, NW WASHINGTON, DC 20036	54-1901882	501(C)(3)	19,115.		N/A	NONE	WOMEN & POPULATION
(7) MARIE STOPES INTL 1300 19TH STREET, NW WASHINGTON, DC 20036	54-1901882	501(C)(3)	23,500.		N/A	NONE	WOMEN & POPULATION
(8) NARAL PRO-CHOICE AMERICA 1156 15TH STREET, NW WASHINGTON, DC 20005	52-1100361	501(C)(3)	10,000.		N/A	NONE	WOMEN & POPULATION
(9) NTL COUNCIL FOR SCI & ENVIRON 1101 17TH ST NW WASHINGTON, DC 20036	52-1700932	501(C)(3)	20,000.		N/A	NONE	ENVIRONMENT\ENERGY
(10) NTL PEACE CORPS ASSOC. 1900 L ST NW STE 400 WASHINGTON, DC 20035	58-1431113	501(C)(3)	10,000.		N/A	NONE	UN STRENGTHENING
(11) NEW EVANGLICL PTR FOR THE COMMON GOOD 665 HUNTINGTON AVE BOSTON, MA 02115	27-1243640	501(C)(3)	50,000.		N/A	NONE	WOMEN & POPULATION
(12) ONE DAY ON EARTH 19752 OBSERVATION DRIVE TOPANGA, CA 90290	27-0924123		25,000.		N/A	NONE	UN STRENGTHENING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED NATIONS FOUNDATION, INC.

Employer identification number
58-2368165

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed . . . . . ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) OPPORTUNITY GREEN 1933 MANNING AVE LOS ANGELES, CA 90025	26-0853495		10,000.		N/A	NONE	ENVIRONMENT\ENERGY
(2) PLANNED PARENTHOOD FED OF AMERICA 1110 VERMONT AVE NW WASHINGTON, DC 20005	13-1644147	501(C)(3)	277,500.		N/A	NONE	WOMEN & POPULATION
(3) PLOUGHSHARES FUND INC. FORT MASON CENTR SAN FRANCISCO, CA 94123	94-2764520	501(C)(3)	10,000.		N/A	NONE	UN STRENGTHENING
(4) POPULATION ACTION INTL 1300 19TH ST NW WASHINGTON, DC 20036	52-0812075	501(C)(3)	100,000.		N/A	NONE	WOMEN & POPULATION
(5) POPULATION ACTION INTL 1300 19TH ST NW WASHINGTON, DC 20036	52-0812075	501(C)(3)	183,658.		N/A	NONE	WOMEN & POPULATION
(6) POPULATION COUNCIL ONE DAG HAMMARSKJOLD NEW YORK, NY 10017	13-1687001	501(C)(3)	50,000.		N/A	NONE	WOMEN & POPULATION
(7) PUBLIC HEALTH INSTITUTE 555 12TH ST 10TH FL OAKLAND, CA 94607	94-1646278	501(C)(3)	150,000.		N/A	NONE	WOMEN & POPULATION
(8) PUBLIC HEALTH INSTITUTE 555 12TH ST 10TH FL OAKLAND, CA 94607	94-1646278	501(C)(3)	150,000.		N/A	NONE	WOMEN & POPULATION
(9) PUBLIC HEALTH INSTITUTE 555 12TH ST 10TH FL OAKLAND, CA 94607	94-1646278	501(C)(3)	95,991.		N/A	NONE	CHILDREN'S HEALTH
(10) PUBLIC HEALTH INSTITUTE 555 12TH ST 10TH FL OAKLAND, CA 94607	94-1646278	501(C)(3)	75,000.		N/A	NONE	WOMEN & POPULATION
(11) RELIG. INS. ON SEXUAL MORALITY, JUSTICE, & 21 CHARLES ST STE 140 WESTPORT, CT 06880	35-1828767	501(C)(3)	50,000.		N/A	NONE	WOMEN & POPULATION
(12) RH REALITY CHECK 1906 KERMIT ROAD SILVER SPRING, MD 20910	27-2289715	501(C)(3)	200,000.		N/A	NONE	WOMEN & POPULATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2011)

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED NATIONS FOUNDATION, INC.

Employer identification number
58-2368165

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed . . . . . ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SOCIETY FOR INTL DVLPMNT 1875 CT. AVE NW WASHINGTON, DC 20009	52-1174165	501(C)(3)	19,500.		N/A	NONE	UN STRENGTHENING
(2) THE ASPEN INSTITUTE ONE DUPONT CIRCLE NW WASHINGTON, DC 20036	84-0399006	501(C)(3)	52,000.		N/A	NONE	WOMEN & POPULATION
(3) THE GUARDIAN PO BOX 68164 UK,			30,000.		N/A	NONE	PSHR
(4) HUMPTY DUMPTY INSTITUTE 29 W 46TH ST 5TH FL NEW YORK, NY 10036	13-4028567	501(C)(3)	183,501.		N/A	NONE	UN STRENGTHENING
(5) SUMMIT SERIES LLC 1817 M ST., NW WASHINGTON, DC 20036			10,000.		N/A	NONE	UN STRENGTHENING
(6) UN WOMEN 304 E.45TH ST RM 1546 NEW YORK, NY 10017		UN AGENCY	140,627.		N/A	NONE	WOMEN & POPULATION
(7) UNDP, EQUATOR INITIATIVE 405 LEXINGTON AVE NEW YORK, NY 10174		UN AGENCY	10,000.		N/A	NONE	ENVIRONMENT\BIODIVER
(8) UNTD METHODIST COMM. ON RELIEF 475 RIVERSIDE DR NEW YORK, NY 10015	13-5562279	501(C)(3)	36,405.		N/A	NONE	CHILDREN'S HEALTH
(9) UNTD METHODIST COMM. ON RELIEF 475 RIVERSIDE DR NEW YORK, NY 10015	13-5562279	501(C)(3)	88,090.		N/A	NONE	CHILDREN'S HEALTH
(10) UNTD METHODIST COMM. ON RELIEF 475 RIVERSIDE DR NEW YORK, NY 10015	13-5562279	501(C)(3)	788,419.		N/A	NONE	CHILDREN'S HEALTH
(11) UNTD METHODIST COMM. ON RELIEF 475 RIVERSIDE DR NEW YORK, NY 10015	13-5562279	501(C)(3)	236,547.		N/A	NONE	CHILDREN'S HEALTH
(12) UNTD METHODIST COMM. ON RELIEF 475 RIVERSIDE DR NEW YORK, NY 10015	13-5562279	501(C)(3)	245,005.		N/A	NONE	CHILDREN'S HEALTH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED NATIONS FOUNDATION, INC.

Employer identification number
58-2368165

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed . . . . . ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UN CHILDREN'S FUND H-1214 UN PLAZA NEW YORK, NY 10017		UN AGENCY	1,650,000.		N/A	NONE	CHILDREN'S HEALTH
(2) UN CHILDREN'S FUND H-1214 UN PLAZA NEW YORK, NY 10017		UN AGENCY	347,000.		N/A	NONE	CHILDREN'S HEALTH
(3) UN CHILDREN'S FUND H-1214 UN PLAZA NEW YORK, NY 10017		UN AGENCY	500,000.		N/A	NONE	WOMEN & POPULATION
(4) UN DEVELOPMENT PROGRAM 304 E.45TH ST RM NEW YORK, NY 10017		UN AGENCY	243,750.		N/A	NONE	UN STRENGTHENING
(5) UN DEVELOPMENT PROGRAM 304 E.45TH ST RM NEW YORK, NY 10017		UN AGENCY	245,449.		N/A	NONE	UN STRENGTHENING
(6) UN DEVELOPMENT PROGRAMME 1 UNITED NATIONS PLZA NEW YORK, NY 10017		UN AGENCY	2,000,000.		N/A	NONE	UN STRENGTHENING
(7) UN FUND FOR INTL PRTNRSHPS 220 E 42ND ST 19TH FL NEW YORK, NY 10017		UN AGENCY	8,400.		N/A	NONE	UN STRENGTHENING
(8) UN HIGH COMMISSIONER FOR REFUGEES 1775 K STREET NW WASHINGTON, DC 20006		UN AGENCY	50,000.		N/A	NONE	CHILDREN'S HEALTH
(9) UN HIGH COMMISSIONER FOR REFUGEES 1775 K STREET NW WASHINGTON, DC 20006		UN AGENCY	256,515.		N/A	NONE	WOMEN & POPULATION
(10) UN HIGH COMMISSIONER FOR REFUGEES 1775 K STREET NW WASHINGTON, DC 20006		UN AGENCY	383,250.		N/A	NONE	CHILDREN'S HEALTH
(11) UN OFFICE FOR COORDIN. OF HUMAN. AFFAIRS 1 UNITED NATIONS PLZA NEW YORK, NY 10017		UN AGENCY	28,919.		N/A	NONE	UN STRENGTHENING
(12) UN OFFICE FOR COORDIN. OF HUMAN. AFFAIRS 1 UNITED NATIONS PLZA NEW YORK, NY 10017		UN AGENCY	117,011.		N/A	NONE	UN STRENGTHENING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED NATIONS FOUNDATION, INC.

Employer identification number
58-2368165

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed . . . . . ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UN POPULATION FUND 220 E 42ND ST 19TH FL NEW YORK, NY 10017		UN AGENCY	266,430.		N/A	NONE	WOMEN & POPULATION
(2) UN POPULATION FUND 220 E 42ND ST 19TH FL NEW YORK, NY 10017		UN AGENCY	45,000.		N/A	NONE	WOMEN & POPULATION
(3) UN POPULATION FUND 220 E 42ND ST 19TH FL NEW YORK, NY 10017		UN AGENCY	269,968.		N/A	NONE	WOMEN & POPULATION
(4) VITAL VOICES GLOBAL PRTNRSHP 1625 MASS AVE NW WASHINGTON, DC 20036	52-2151557	501(C)(3)	10,000.		N/A	NONE	UN STRENGTHENING
(5) WINROCK INTL INST. FOR AGRI. DVLPMNT 1621 N. KENT ST ARLINGTON, VA 22209	71-0603560	501(C)(3)	50,000.		N/A	NONE	ENVIRONMENT
(6) WATER FOR PEOPLE 6666 W. QUINCY AV DENVER, CO 80235	84-1166148	501(C)(3)	10,000.		N/A	NONE	CHILDREN'S HEALTH
(7) WRLD AFFAIRS CNCL OF N. CALI. 312 SUTTER ST SAN FRANCISCO, CA 94108	94-1156356	501(C)(3)	25,000.		N/A	NONE	UN STRENGTHENING
(8) WORLD BANK 1818 H STREET NW WASHINGTON, DC 20433		UN AGENCY	5,000,000.		N/A	NONE	CHILDREN'S HEALTH
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 69.

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 23.

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 1:

THE UN FOUNDATION PRIMARILY MAKES GRANTS TO THE UNITED NATIONS AND ITS RELATED/AFFILIATED AGENCIES. MONITORING OF FUNDS GRANTED TO THOSE AGENCIES CONSISTS PRIMARILY OF GRANT REPORTS RECEIVED QUARTERLY, SEMIANNUALLY OR ANNUALLY AS STIPULATED IN THE GRANT AGREEMENTS. FROM TIME TO TIME, THE UN FOUNDATION ALSO CONDUCTS SITE VISITS TO MONITOR DISTRIBUTION OF GRANT-RELATED RESOURCES AND ASSESS THE EFFECTIVENESS AND PROGRESS OF GRANT ACTIVITIES.

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART II:

THE UN FOUNDATION MAKES GRANTS TO U.S. ORGANIZATIONS FOR FOREIGN PURPOSES. SUCH GRANTS ARE LISTED ON SCHEDULE F AND SCHEDULE I.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED NATIONS FOUNDATION, INC.

Employer identification number
58-2368165

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	[X] First-class or charter travel	[ ] Housing allowance or residence for personal use		
	[X] Travel for companions	[ ] Payments for business use of personal residence		
	[ ] Tax indemnification and gross-up payments	[ ] Health or social club dues or initiation fees		
	[ ] Discretionary spending account	[ ] Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.			
	[ ] Compensation committee	[ ] Written employment contract		
	[ ] Independent compensation consultant	[X] Compensation survey or study		
	[ ] Form 990 of other organizations	[X] Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Schedule J (Form 990) 2011 Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 TIMOTHY E. WIRTH	(i)	380,755.	0	19,194.	12,789.	8,651.	421,389.	
	(ii)	56,894.	0	2,868.	1,911.	1,293.	62,966.	
2 KATHRYN CALVIN WALTERS	(i)	267,636.	0	15,905.	12,789.	16,614.	312,944.	
	(ii)	39,992.	0	2,377.	1,911.	1,943.	46,223.	
3 RICHARD PARNELL	(i)	198,795.	0	14,630.	12,786.	6,962.	233,173.	
	(ii)	29,705.	0	2,186.	1,910.	1,042.	34,843.	
4 BRIAN DETCHON	(i)	232,643.	0	1,346.	14,400.	27,925.	276,314.	
	(ii)	0	0	0				
5 TAMARA KREININ	(i)	218,950.	0	417.	13,302.	17,370.	250,039.	
	(ii)	0	0	0				
6 MELINDA KIMBLE	(i)	221,941.	0	2,499.	13,496.	10,812.	248,748.	
	(ii)	0	0	0				
7 ELIZABETH MCKEE GORE	(i)	213,834.	0	144.	13,017.	23,656.	250,651.	
	(ii)	0	0	0				
8 SUSAN MEYERS	(i)	211,667.	0	129.	12,600.	7,932.	232,328.	
	(ii)	0	0	0				
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, LINE 1A:

THE TRAVEL EXPENSES OF THE PRESIDENT'S SPOUSE WERE COVERED WHEN ATTENDING OFFICIAL BUSINESS/FUNCTIONS.

BOARD MEMBERS AND THEIR SPOUSES WERE REIMBURSED FOR AIRFARE (INCLUDING FIRST-CLASS ACCOMMODATION WHENEVER REQUESTED), HOTEL, MEALS, AND INCIDENTAL TAXIS OR OTHER TRANSPORTATION WHEN ATTENDING BOARD MEETINGS OR TRAVELLING ON BEHALF OF THE FOUNDATION, AS MAY BE REQUESTED BY THE CHAIRMAN OR PRESIDENT FROM TIME TO TIME.

THE UN FOUNDATION'S POLICY IS NOT TO PAY FOR FIRST CLASS TRAVEL OR ACCOMMODATIONS FOR ITS STAFF MEMBERS.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open To Public Inspection

Name of the organization
UNITED NATIONS FOUNDATION, INC.

Employer identification number
58-2368165

Part I **Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II **Loans to and/or From Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

	(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
Total	. . . . . ▶ $										

Part III **Grants or Assistance Benefiting Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			

Part IV Business Transactions Involving Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
(1)	DAVIS, PICKREN, SEYDEL & SNEED, LLP	OFFICER IS 5%+ OWNER	254,466.	LEGAL SERVICES		X
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

PART IV:

MR. SEYDEL IS A PARTNER WITH THE LEGAL COUNSEL FIRM OF DAVIS, PICKREN, SEYDEL & SNEED, LLP WHICH PROVIDES LEGAL SERVICES TO THE UN FOUNDATION. MR. SEYDEL IS ALSO A SON-IN-LAW TO MR. R.E. TURNER, CHAIRMAN OF THE BOARD OF DIRECTORS OF THE UN FOUNDATION, AND IS THE SECRETARY OF THE BOARD.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED NATIONS FOUNDATION, INC.

Employer identification number
58-2368165

PART III, LINE 4D:

CLIMATE CHANGE, ENERGY & SUSTAINABLE DEVELOPMENT: THE UN FOUNDATION'S CLIMATE AND ENERGY PROGRAM WORKS WITH THE UNITED NATIONS TO HELP LEAD THE WORLD'S TRANSITION TOWARD A CLIMATE-FRIENDLY ENERGY ECONOMY. IT SERVES AS A NONPARTISAN FORUM, AND CONVENES COALITIONS OF LEADING THINKERS AND ACTORS TO SEIZE OPPORTUNITIES AND ADDRESS CHALLENGES POSED BY THIS TRANSFORMATION. THE UN FOUNDATION'S SUSTAINABLE DEVELOPMENT EFFORTS ARE UNDERTAKEN IN CLOSE COLLABORATION WITH THE UN EDUCATIONAL, SCIENTIFIC, AND CULTURAL ORGANIZATION (UNESCO) WORLD HERITAGE CENTRE. THE UN FOUNDATION'S EFFORTS ARE AIMED AT SUPPORTING AND PROMOTING THE MANAGEMENT AND CONSERVATION OF NATURAL WORLD HERITAGE SITES AND PROMOTION OF SUTAINABLE TOURISM PRACTICES.

PEACE, SECURITY & HUMAN RIGHTS: THE UN FOUNDATION'S PEACE, SECURITY AND HUMAN RIGHTS PROGRAM PROMOTES PREVENTIVE ENGAGEMENT IN THREE AREAS: SECURITY, WELL-BEING AND JUSTICE.

PART VI, LINE 2:

MR. RUTHERFORD SEYDEL, SECRETARY OF THE BOARD, IS ALSO A SON-IN-LAW TO MR. R.E. TURNER, CHAIRMAN OF THE BOARD OF DIRECTORS OF THE UN FOUNDATION.

PART VI, LINE 11B:

THE DRAFT FORM IS REVIEWED BY THE FINANCE DEPARTMENT AND CHIEF OPERATING OFFICER. SUBSEQUENTLY, THE DRAFT IS REVIEWED BY THE ORGANIZATION'S LEGAL

COUNSEL. FINALLY, THE DRAFT FORM IS DISTRIBUTED TO ALL BOARD MEMBERS. THE DRAFT IS DISCUSSED BY THE EXECUTIVE COMMITTEE WHICH IS OPEN TO ALL BOARD MEMBERS. THE EXECUTIVE COMMITTEE IS EMPOWERED TO REPLY ON BEHALF OF ANY BOARD MEMBERS WITH QUESTIONS AND CONCERNS. THE DRAFT IS THEN FINALIZED, INCORPORATING ANY CHANGES OR COMMENTS BY THE BOARD MEMBERS AND THE EXECUTIVE COMMITTEE. THE FINAL APPROVED VERSION IS FILED WITH THE IRS.

PART VI, LINE 12C:
OFFICERS, DIRECTORS OR TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE IN WRITING INTERESTS THAT COULD GIVE RISE TO CONFLICTS ANNUALLY OR WHEN CIRCUMSTANCES CHANGE. THESE CIRCUMSTANCES ARE REVIEWED BY MANAGEMENT ON AN ON-GOING BASIS IN THE COURSE OF OUR DAY-TO-DAY OPERATIONS. WHEN A CONFLICT OF INTEREST DOES ARISE, RECUSAL FROM THE DECISIONS AND DELIBERATIONS IS REQUIRED. THERE WERE NO SUCH CIRCUMSTANCES IN THE PERIOD COVERED BY THIS REPORT.

PART VI, LINE 15A AND 15B:
ANY CHANGES TO THE PRESIDENT'S COMPENSATION REQUIRE BOARD APPROVAL. THE BOARD REVIEWS THE PRESIDENT'S COMPENSATION ANNUALLY AND IT WAS LAST UNDERTAKEN IN 2011. COMPARABLE DATA FROM PEER ORGANIZATIONS IS USED IN DETERMINING THE PRESIDENT'S COMPENSATION. ANY CHANGES TO THE PRESIDENT'S COMPENSATION ARE DOCUMENTED BY THE ORGANIZATION.

THERE ARE NO KEY EMPLOYEES LISTED, ONLY OFFICERS. FOR OFFICERS, COMPENSATION IS DETERMINED BASED ON QUALIFICATIONS, DUTIES AND SALARIES PAID BY PEER ORGANIZATIONS.

Name of the organization: UNITED NATIONS FOUNDATION, INC.

Employer identification number: 58-2368165

PART VI, LINE 19:

THE GOVERNING DOCUMENTS ARE PROVIDED UPON WRITTEN REQUEST. THE CONFLICT OF INTEREST POLICY, AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON OUR WEBSITE.

PART XI, LINE 5:

NET UNREALIZED LOSSES ON INVESTMENTS: -$1,481,688

ADJUSTMENT TO PLEDGE RECEIVED: -$3,342,305

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE UNITED NATIONS FOUNDATION WAS CREATED IN 1998 TO SUPPORT UNITED NATIONS (UN) CAUSES AND ACTIVITIES. WE ARE AN ADVOCATE FOR THE UN AND A PLATFORM FOR CONNECTING PEOPLE, IDEAS AND RESOURCES TO HELP THE UN SOLVE GLOBAL PROBLEMS. WE AIM TO ACHIEVE THESE OBJECTIVES THROUGH: 1) PROGRAMS AND ACTIVITIES OF THE UN OR IN WHICH THE UN IS PARTICIPATING; 2) ACTIVITIES WHICH SUPPORT AND INCREASE PUBLIC AWARENESS OF THE GOALS AND OBJECTIVES OF THE UN; 3) GRANTS AND DISTRIBUTIONS IN SUPPORT OF UN PROGRAMS; AND 4) ADVOCACY, PARTNERSHIPS, CONSTITUENCY BUILDING AND FUNDRAISING. THROUGH OUR CAMPAIGNS AND PARTNERSHIPS, WE SEEK TO MAKE IT EASY FOR CORPORATIONS, NON-GOVERNMENTAL ORGANIZATIONS, AND INDIVIDUALS TO ENGAGE IN THE WORK OF THE UN.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

CHILDREN'S HEALTH: THE UN FOUNDATION'S CHILDREN'S HEALTH PROGRAM

Name of the organization
UNITED NATIONS FOUNDATION, INC.
Employer identification number
58-2368165

ATTACHMENT 2 (CONT'D)

ASSISTS THE UNITED NATIONS IN ITS EFFORTS TO ENSURE THAT ALL CHILDREN HAVE THE MEANS AND THE OPPORTUNITY TO DEVELOP TO THEIR FULL POTENTIAL. THE UN FOUNDATION'S MAJOR PRIORITIES ARE DECREASING CHILDHOOD MORTALITY THROUGH COMMUNITY-BASED PROGRAMS AND UTILIZING PUBLIC-PRIVATE PARTNERSHIPS TO STRENGTHEN THE PUBLIC HEALTH INFRASTRUCTURE TO CONTROL INFECTIOUS DISEASES SUCH AS POLIO, MEASLES AND MALARIA. TOGETHER WITH KEY UN AGENCIES SUCH AS THE WORLD HEALTH ORGANIZATION, UNICEF AND PRIVATE SECTOR PARTNERS SUCH AS ROTARY INTERNATIONAL, NBA CARES AND THE PEOPLE OF THE UNITED METHODIST CHURCH, THE UN FOUNDATION HAS HELPED ESTABLISH THE MEASLES INITIATIVE, NOTHING BUT NETS AND THE ROTARY-POLIO BUY DOWN INITIATIVE. THE UN FOUNDATION'S MALARIA PARTNERSHIP WORKS TO PREVENT MALARIA DEATHS IN AFRICA.

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

WOMEN AND POPULATION: THE UN FOUNDATION'S WOMEN AND POPULATION PROGRAM WORKS WITH THE UNITED NATIONS (UN) AND CIVIL SOCIETY TO SUPPORT ACHIEVEMENT OF "UNIVERSAL ACCESS TO REPRODUCTIVE HEALTH SERVICES AND SUPPLIES BY 2015" -- THE CENTRAL GOAL ESTABLISHED AT THE UN INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT (ICPD), ADOPTED IN 1994. TO ADVANCE THIS GOAL, THE UN FOUNDATION'S WOMEN AND POPULATION PROGRAM IS INVOLVED IN: SUPPORTING AND STRENGTHENING UN AGENCIES; ADVANCING THE EDUCATIONAL, ECONOMIC AND SOCIAL SERVICES AND OPPORTUNITIES

Name of the organization: UNITED NATIONS FOUNDATION, INC.

Employer identification number: 58-2368165

ATTACHMENT 3 (CONT'D)

AVAILABLE TO ADOLESCENT GIRLS; ENSURING AVAILABILITY OF REPRODUCTIVE HEALTH SUPPLIES; AND ADVOCATING FOR EMPIRICALLY-BASED STRATEGIES THAT ADDRESS THE CHALLENGES POSED BY DEMOGRAPHIC CHANGE AND INSUFFICIENT AVAILABILITY OF REPRODUCTIVE HEALTH AND RIGHTS AROUND THE WORLD.

ATTACHMENT 4

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION	GRANTS	EXPENSES	REVENUE
CLIMATE CHANGE, ENERGY & SUSTAINABILITY DVLP	880,006.	5,089,881.	
PEACE, SECURITY & HUMAN RIGHTS	248,367.	269,559.	
TOTALS	1,128,373.	5,359,440.	

ATTACHMENT 5

FORM 990, PART VI, LINE 17 - STATES

AL,AK,AZ,AR,CA,CO,CT,DE,

DC,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,

MN,MS,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,

RI,SC,TX,UT,VA,WA,WV,WI,

ATTACHMENT 6

FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE	HOURS DEVOTED FOR RELATED ORGANIZATION
TIMOTHY E. WIRTH PRESIDENT	6.00
KATHRYN CALVIN WALTERS CEO	6.00

Name of the organization
UNITED NATIONS FOUNDATION, INC.

Employer identification number
58-2368165

ATTACHMENT 6 (CONT'D)

RICHARD PARNELL
CHIEF OPERATING OFFICER 6.00

ATTACHMENT 7

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
FAIRPOINT COMPANIES, LLC 3517 EAT TREMONT AVENUE BRONX, NY 10465	OFFICE RECONFIG SVCS	841,300.
ART DEPT 48 GREENE STREET, 4TH FLOOR NEW YORK, NY 10013	PRODUCTION SVCS	401,487.
JONGSU RYU 420 E. 61ST STREET NEW YORK, NY 10065	CONSULTING SVCS	344,161.
PRICEWATERHOUSECOOPERS, LLP P.O. BOX 7247-8001 PHILADELPHIA, PA 19170	AUDIT/CONSULTNG SVCS	236,112.
DAVIS, PICKREN, SEYDEL & SNEED, LLP 285 PEACHTREE CENTRE AVE, NE ATLANTA, GA 30303	LEGAL SERVICES	254,466.
TOTAL COMPENSATION		2,077,526.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047
2011
Open to Public Inspection

Name of the organization
UNITED NATIONS FOUNDATION, INC.

Employer identification number
58-2368165

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) BETTER WORLD FUND 58-2366765 1800 MASSACHUSETTS AVENUE NW, WASHINGTON, DC 20036	SUPPORT OF UN	GA	501(C)(3)	7	UNF	X	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Part V **Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b	X	
c	Gift, grant, or capital contribution from related organization(s)	1c	X	
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e		X
f	Sale of assets to related organization(s)	1f		X
g	Purchase of assets from related organization(s)	1g		X
h	Exchange of assets with related organization(s)	1h		X
i	Lease of facilities, equipment, or other assets to related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from related organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations by related organization(s)	1l		X
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	X	
n	Sharing of paid employees with related organization(s)	1n	X	
o	Reimbursement paid to related organization(s) for expenses	1o		X
p	Reimbursement paid by related organization(s) for expenses	1p	X	
q	Other transfer of cash or property to related organization(s)	1q		X
r	Other transfer of cash or property from related organization(s)	1r		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved	(d) Method of determining amount involved
(1)	BETTER WORLD FUND	B	105,000.	GAAP
(2)	BETTER WORLD FUND	C	23,501.	GAAP
(3)	BETTER WORLD FUND	P	1,466,046.	GAAP
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														
(12)														
(13)														
(14)														
(15)														
(16)														

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).